PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Genzyme Corporation Political Action Committee (GENZ-PAC) 1850 K Street NW ADDRESS (number and street) Suite 650 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS joseph.tauras@genzyme.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00393736 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Joseph C. Tauras Type or Print Name of Treasurer Joseph C. Tauras [Electronically Filed] 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEC Ec	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye Z
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Г		
FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nar	ne	
Genzyme Corp	poration Political Action Committee (GENZ	-PAC)
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
Genzyme Corporatio	n 	
Mailing Address	500 Kendall Street	
J		
	Cambridge MA 02142	
	CITY STATE	ZIP CODE
Relationship: X Connect	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor.
books and records.	entify by name, address (phone number optional) and position of the person in p	ossession of committee
Full Name	uise Froelich	
Mailing Address	1850 K Street, NW	
	Suite 650	
	Washington DC 20006	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		296 3280
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the r , assistant treasurer).	name and address of
Full Name Joseph C	C. Tauras	
	500 Kendall Street	
Mailing Address		
	Cambridge MA	
	CITY STATE	ZIP CODE
Title or Position Treasurer	617	768 9353

617

Telephone number

Full Name of Designated Agent	Gayle M. Sprague	
Mailing Address	500 Kendall Street	
	Cambridge MA 02142 CITY STATE ZIF	CODE
Title or Position Assistant Treasur	rer Telephone number 617 – 768	3 _ - _ 4450
safety deposit box	es or maintains funds.	
Name of Bank, De		
L	epository, etc.	
	Mellon Bank	
L	Mellon Bank Mellon Bank Client Service Center	
L	Mellon Bank Mellon Bank Client Service Center 600 Ross Street Pittsburg PA 15262	P CODE
L	Mellon Bank Mellon Bank Client Service Center 600 Ross Street Pittsburg PITTY STATE ZIF	P CODE
Mailing Address	Mellon Bank Mellon Bank Client Service Center 600 Ross Street Pittsburg PITTY STATE ZIF	P CODE
Mailing Address	Mellon Bank Mellon Bank Client Service Center 600 Ross Street Pittsburg PITTY STATE ZIF	P CODE
Mailing Address Name of Bank, De	Mellon Bank Mellon Bank Client Service Center 600 Ross Street Pittsburg PITTY STATE ZIF	P CODE
Mailing Address Name of Bank, De	Mellon Bank Mellon Bank Client Service Center 600 Ross Street Pittsburg PITTY STATE ZIF	P CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Sanofi-Aventis US Inc. Employees' Political Action Committee 55 Corporate Drive Mailing Address 08807 Bridgewater NJ **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Sanofi Pasteur Political Action Committee Discovery Drive Mailing Address Swiftwater 18370 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number